REAPPOINTMENT APPLICATION FOR GUBERNATORIAL APPOINTMENT

Name		Date of Birth
Town of Residence		Year Round Resident?
Occupation		
Home Mailing Address	_	
Business Address		
Phone (work)	(home)	(cell)e-mail
resumé may als Dept of Disabil	so be included. Plea ities, Aging, and Ind	ot enough space is provided for your answers. A see return this form and resumé to Lisa Parro, dependent Living (DAIL), 103 South Main y VT 05671-1601 or lisa.parro@state.vt.us
List board and /or comm	nission you are interest	ted in being reappointed to:
Where are you currently	y employed?	
Vermont? If yes, please		iblic office (including other boards/commissions)in
immediate family (spou	se, domestic partner, cl	n a licensing board, have you or members of your hild, parent(s), siblings) been a member of this profession in:
Is there anything else yo	ou think we should kno	ow about you, your background, or experiences?
please do not include an		out yourself. This bio may be used on a public website so
federal, state, county, or fine or civil penalty of \$	r municipal law, regula 6200 or less was paid)	en arrested, charged, or indicted for violation of any ation, or ordinance (exclude traffic violations for which a Yes No If yes, please give details:
balance):	-	